



COMMONWEALTH OF VIRGINIA
Tobacco Product Manufacturer Certification for Non-Participating Manufacturers

Part 1: Type of Certification (*check one*)

- ☐ Initial Certification
- ☐ Annual Certification Filed in Year _____ (Due by April 30 each year)
- ☐ Supplemental Certification (Due thirty (30) days prior to any desired change in Certification)

Part 2: Tobacco Product Manufacturer Identification

Full Legal Name: _____

Type of Business Entity (check one):

- ☐ Sole Proprietorship
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Other (specify): _____

State/Country where Created, Incorporated or Registered: _____

Include with certification:

- A copy of the current Articles of Incorporation, Certificate of Limited Partnership, Articles of Organization, or comparable applicable document, including any amendments, must be attached to the certification.
- Copies of the Manufacturer's current TTB Tobacco Permit, with any amendments, and the application filed to obtain such permit.

Trading As (list *all* names ever used): _____

Federal Employers Identification Number: _____

Federal Tobacco Manufacturer Permit Number: _____

Physical Address: _____

Mailing Address: _____

Company Phone: _____

Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Name, Title and Dates of Service for *all* Current and Past Officers, Directors and/or Partners:

If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with Va. Code § 3.1-336.1 *et seq.*, provide the following information:

Firm: _____

Attorney: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Part 3: Registered Agent for Service of Process within the Commonwealth of Virginia

Agent: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

- A current statement from the registered agent certifying service in this capacity must be attached to the Certification.

Part 4: Fabricator Identification

- ☐ The Tobacco Product Manufacturer fabricates its own cigarettes.
- ☐ The Tobacco Product Manufacturer uses a fabricating facility that is separate from the Manufacturer itself.

If the Tobacco Product Manufacturer utilizes a fabricating facility that is separate from the Tobacco Product Manufacturer itself, provide the following information:

Fabricating Facility Name(s) (if different from Tobacco Product Manufacturer): _____

Physical Address: _____

Mailing Address: _____

Fabricating Plant Phone: _____

Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

- A photograph or diagram of the Tobacco Product Manufacturer's fabricating facility must be attached to the Certification. Identify in the diagram where the equipment and facilities for manufacturing the Brand Family(s) are located.
- A list of every Brand Family the Tobacco Product Manufacturer has fabricated, or caused to be fabricated by another entity, since July 1, 1999 must be attached to the Certification. Indicate with an asterisk (*) any Brand Family not being sold in the current year, and identify whether such Brand Family is still being manufactured and by what entity.

Part 5: Disclosure of Enforcement Actions and Prior Determinations (*check any that may be applicable*)

- ☐ The Tobacco Product Manufacturer (or any person or entity listed in the Certification) has had any of its cigarettes banned or enjoined from sale by any state or federal court or administrative agency.
- If the above is applicable, for each such enforcement action a copy of any case decision and the following information must be attached to the Certification: (1) the Brand Family(s) banned and/or enjoined; (2) the governmental entity (federal, state, local or foreign) or official bringing the action; (3) the case number; and (4) the name and address of the government attorney or official that brought the action.

- ☐ The Tobacco Product Manufacturer (or any person or entity listed in the Certification) has been denied a permit or license, or been denied any other authorization to engage in business relating to the sale of cigarettes by any government entity (federal, state, local or foreign) or had such permit, license or other authorization revoked, suspended, or otherwise terminated.
- If the above is applicable, for each such denial, revocation, suspension or termination of a permit, license or other authorization a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity that had such permit, license or other authorization revoked, suspended or otherwise terminated; (2) the governmental entity (federal, state, local or foreign) that denied, suspended or revoked such permit, license or other authorization; (3) the case number; and (4) the name and address of the government attorney or official that brought the action.
- ☐ The Tobacco Product Manufacturer (or any person or entity listed in the Certification) has been convicted of any crime under federal, state, or foreign law in connection with the sale of cigarettes.
- If the above is applicable, for each such conviction a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity convicted; (2) the governmental entity (federal, state, local or foreign) that prosecuted the action; (3) the case number; and (4) the name and address of the government attorney or official that prosecuted the action.
- ☐ The Tobacco Product Manufacturer (or any person or entity listed in the Certification) has been involved as an officer or owner of any other Tobacco Product Manufacturer.
- If the above is applicable, the name of the other Tobacco Product Manufacturer(s) must be provided and a complete description of the involvement with such entity must be attached to the Certification. If any such other Tobacco Product Manufacturer has ever been sued by any state for alleged failure to fully and properly comply with its obligations under the Master Settlement Agreement, the Virginia Tobacco Escrow Statute or any state tobacco escrow statute, for each such occurrence a copy of any case decision and the following information must be attached to the Certification: (1) the name of the entity that failed to comply with its obligations under the Master Settlement Agreement, the Virginia Tobacco Escrow Statute or any state tobacco escrow statute; (2) the Brand Family(s) for which the entity failed to comply with its obligations; (3) the amount of any unpaid obligation; and (4) a complete description of the current status of the matter.
- ☐ The Tobacco Product Manufacturer (or any person or entity listed in the Certification) has been denied listing in any other state tobacco directory.
- If the above is applicable, for each such denial a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity denied listing in a state tobacco directory; (2) the Tobacco Product Manufacturer and Brand Family(s) denied listing; and (3) the state where listing was denied.

Part 6: Brand Family Identification and Certification

A. Brand Family(s):

For each Brand Family, list every Brand Style for which certification is being sought.

(attach supplemental pages if needed)

Brand Family	Units Sold in Virginia in Previous Calendar Year	Actual and/or Previous Fabricator (if different from Tobacco Product Manufacturer)

TOTAL: _____

- For each Brand Style, actual packaging must be included with the *original* Certification submitted to the Attorney General. If the Tobacco Product Manufacturer has previously submitted such packaging *and* such packaging has not been changed, no resubmission is required.
 - ☐ Tobacco Product Manufacturer's previously submitted packaging for each brand family has not been changed.

B. Brand Family Compliance with Federal Law

- For each Brand Family and Brand Style (cigarettes only), provide a copy of the current Federal Trade Commission Health Warning Rotation Plan Approval letter.

Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580
<http://www.ftc.gov>

- For each Brand Family and Brand Style, provide a copy of the current Centers for Disease Control and Prevention Certificate of Compliance and Ingredient Report.

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30333
<http://www.cdc.gov>

- For each Brand Family (and Brand Style, if applicable), provide evidence of trademark ownership.

United States Patent and Trademark Office
Mail Stop USPTO Contact Center
P.O. Box 1450
Alexandria, Virginia 22313-1450
<http://www.uspto.gov>

- For each Brand Family (and Brand Style, if applicable), not manufactured in the United States, provide copies of the following: (1) the sworn statement of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 U.S.C. § 1681a(c)(1); (2) the importer's certificate under penalty of perjury as required by 19 U.S.C. § 1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings; and (3) the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(c)(3)(B).
- For each Brand Family (and Brand Style, if applicable), provide the following information about the entity that actually packaged the cigarettes with United States Surgeon General warnings.

Brand Family(s)	Packager	Address and Phone

Part 7: Stamping Agent Identification

For each Brand Family, list every Stamping Agent (including any distributor, wholesaler or retailer) that affixes Virginia cigarette excise tax stamps (*attach supplemental pages if needed*).

Name, Address and Phone	Brand Family(s)

Part 8: Internet and Mail Order Sales (*attach supplemental pages if needed*)

Company, Website or Domain Name: _____

Contact: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

State/Country where Incorporated or Registered: _____

Total Sales in(to) Virginia for the Previous Calendar Year: _____

Part 9: Qualified Escrow Fund

A. Financial Institution

Agent: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Account: _____

Commonwealth of Virginia (Sub)Account: _____

- The current Escrow Agreement and any amendments thereto must be approved by the Attorney General of Virginia *before* the Tobacco Product Manufacturer can be certified. A copy of the current Escrow Agreement and any amendments thereto must be attached to this Certification.

B. Escrow History for the Commonwealth of Virginia (Sub)Account
(attach supplemental pages if needed)

DATE	DEPOSIT	WITHDRAWAL	BALANCE

TOTALS _____

- A current account ledger and a statement from the Escrow Agent verifying *all* current calendar year transaction records for the Commonwealth of Virginia (sub)account must be attached to the Certification. Any withdrawal must comply with Va. Code § 3.1-336.1(B).

Part 10: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Non-Participating Manufacturer in full compliance with all applicable sections of Va. Code §§ 3.1-336.1 through 3.1-336.16; (2) I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete; (3) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products, and that failure to do so may constitute grounds for exclusion from the Virginia Tobacco Directory; I agree to provide such information upon request, and I understand that failure to do so may constitute grounds for exclusion from the Virginia Tobacco Directory; (4) the Tobacco Product Manufacturer hereby submits itself to the jurisdiction of the Circuit Court of the City of Richmond, Virginia for purposes of all litigation arising out of this certification or the sale of tobacco products in Virginia; (5) the Tobacco Product Manufacturer hereby waives any claim or defense of sovereign immunity with respect to any litigation brought by the Commonwealth of Virginia arising out of this certification or the sale of tobacco products in Virginia; (6) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory and to determine that the assurances herein are true, correct, and complete; I agree to provide such information upon request, and I understand that failure to do so may constitute grounds for exclusion from the Virginia Tobacco Directory; and (7) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Notary:

City/County of _____, *State and Nation of* _____

Subscribed and sworn to before me on this date: _____

Signature: _____

My commission expires: _____

Mail this *original* fully executed Certification, including attachments and supporting documents to:

Tobacco Unit
Office of the Attorney General
900 East Main Street
Richmond, Virginia 23219

Mail a *copy* of the Certification to:

Tobacco Tax Unit
Virginia Department of Taxation
P.O. Box 715
Richmond, Virginia 23218-0715

Additional information is available at:

<http://www.vaag.com>